

LAW OFFICES
BLOOSTON, MORDKOFKY, DICKENS, DUFFY & PRENDERGAST, LLP
2120 L STREET, NW
WASHINGTON, DC 20037

DOCKET FILE COPY ORIGINAL

HAROLD MORDKOFKY
BENJAMIN H. DICKENS, JR.
JOHN A. PRENDERGAST
GERARD J. DUFFY
RICHARD D. RUBINO
MARY J. SISAK
D. CARY MITCHELL
SALVATORE TAILLEFER

(202) 659-0830
FACSIMILE: (202) 828-5568

AFFILIATED SOUTH AMERICAN OFFICES

ESTUDIO JAUREGUI & ASSOCIATES
BUENOS AIRES, ARGENTINA

ROBERT M. JACKSON
OF COUNSEL

PERRY W. WOOFER
LEGISLATIVE CONSULTANT

EUGENE MALISZEWSKYJ
ENGINEERING CONSULTANT

ARTHUR BLOOSTON
1914 – 1999

ACCEPTED/FILED

OCT 18 2013

Federal Communications Commission
Office of the Secretary

WRITER'S CONTACT INFORMATION

gjd@bloostonlaw.com
202-828-5528

REDACTED – FOR PUBLIC INSPECTION

VIA HAND DELIVERY AND ECFS

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, DC 20554

**RE: Form 481 – Carrier Annual Reporting Data Collection Form
WC Dockets No. 10-90 and 11-42**

Dear Ms. Dortch:

Pursuant to sections 54.313(i) and 54.422(c) of the Commission's Rules¹ and the Commission's *Public Notice*² and *Protective Order*³ in this proceeding, Tonica Telephone Company ("the Company") hereby submits two copies of its "FCC Form 481 – Carrier Annual Reporting Data Collection Form," which was timely filed with the Universal Service Administrative Company and the appropriate state commission on or before October 15, 2013, and which includes a Redacted Confidential Document containing proprietary and confidential financial information that has been obscured.

¹ 47 CFR §§54.313 and 54.422.

² *Wireline Competition Bureau Announces Filing Deadline of October 15, 2013 for Eligible Telecommunications Carriers to File High-Cost and Low-Income Annual Reports*, PUBLIC NOTICE, WC Dockets No. 10-90 and 11-42, DA 13-1707, released August 6, 2013.

³ *In the Matter of Connect America Fund, et al.*, PROTECTIVE ORDER, WC Docket No. 10-90, et al., DA 12-1857, released November 16, 2013.

No. of Copies rec'd 0+1
List ABOVE

REDACTED – FOR PUBLIC INSPECTION

The Company seeks confidential treatment under the *Protective Order* for the financial information included in its report pursuant to §54.313(f)(2). Confidential treatment of this information is appropriate on the grounds that it is commercially sensitive information that is not normally released to the public. The Company is also submitting a copy of its FCC Form 481 (including the Redacted Confidential Document) via the Electronic Comment Filing System, as directed by the Public Notice.

Due to temporary closure of the Commission's filing window, mail room, and electronic filing systems beginning October 1, 2013, this filing is being submitted on the business day following the day of return to normal operations in accordance with the Commission's Public Notice on filing procedures in the event of a lapse in funding.⁴ If you have any questions regarding this matter, please contact undersigned counsel.

Respectfully submitted,


Gerard J. Duffy

Filed: OCT 18 2013

⁴ *Procedures for Filings in the Event of a Lapse in Funding*, PUBLIC NOTICE, released October 1, 2013.

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0586/OMB Control No. 3060-0813
 July 2013

<010> Study Area Code	341086
<015> Study Area Name	TONICA TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Mike Petrouske
<035> Contact Telephone Number: Number of the person identified in data line <030>	815-621-5212
<039> Contact Email Address: Email of the person identified in data line <030>	mpetrouske@hometel.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<330> Detail on Attempts (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	<input type="text" value="0.0"/>			
<420> Mobile	<input type="text"/>			
<430> Number of Complaints per 1,000 customers (broadband)				
<440> Fixed	<input type="text"/>			
<450> Mobile	<input type="text"/>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> <input type="text" value="34108611510"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> <input type="text" value="34108611610"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	341086
<015>	Study Area Name	TONICA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039>	Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	341086
<015>	Study Area Name	TONICA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039>	Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2013

<703>

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	341086
<015>	Study Area Name	TONICA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039>	Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.com

<810>	Reporting Carrier	Tonica Telephone Company
<811>	Holding Company	Tonica Technologies, Inc.
<812>	Operating Company	Tonica Telephone Company

<813>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation

~~-- See attached worksheet --~~

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	341086
<015>	Study Area Name	TONICA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039>	Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Select (Yes,No, NA)
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	341086
<015>	Study Area Name	TONICA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039>	Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.com

<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers**Lifeline
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	341086
<015>	Study Area Name	TONICA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039>	Contact Email Address - Email Address of person identified in data line <030>	mpetruske@hometel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

341086111210

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	341086
<015>	Study Area Name	TONICA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039>	Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
 <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification
 <2013> 2014 Frozen Support Certification
 <2014> 2015 Frozen Support Certification
 <2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

--

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
 <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(5000) Rate Of Return Carrier Additional Documentation
 Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	341086
<015>	Study Area Name	TONICA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039>	Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012,	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		<input type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input checked="" type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input checked="" type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input checked="" type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	341086113026

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	341086
<015> Study Area Name	TONICA TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035> Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039> Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	341086
<015> Study Area Name	TONICA TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035> Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039> Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Mike Petrouske</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Mike Petrouske
Name of Reporting Carrier:	TONICA TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Officer:	Jackie Anderson
Title or position of Authorized Officer:	Office Manager
Telephone number of Authorized Officer:	815-442-9901
Study Area Code of Reporting Carrier:	341086 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	TONICA TEL CO
Name of Authorized Agent or Employee of Agent:	Mike Petrouske
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Agent or Employee of Agent:	Mike Petrouske
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	815-621-5212
Study Area Code of Reporting Carrier:	341086 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	341086
<015>	Study Area Name	TONICA TEL CO
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<030>	Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039>	Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.com
<810>	Reporting Carrier	Tonica Telephone Company
<811>	Holding Company	Tonica Technologies, Inc.
<812>	Operating Company	Tonica Telephone Company

<a1>	<a2>	<a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
Tonica Telephone Compan	341086	
Tonica Technologies, Inc.		
Toncom, Inc.		
Tonica Cellular		

341086il510.pdf

Tonica Telephone Company (SAC 341086)
FCC Form 481 – Line 510
Program Year – 2014

Service Quality Standards and Consumer Protection Compliance Explanation Document:

The company is in compliance with all Federal and State service quality standards and consumer protection rules.

The Illinois Commerce Commission has defined standards for service quality in its administrative rule parts 730, 732 and 735 for incumbent local exchange carriers. The company is in compliance with these rules. The company has systems in place for customers with regard to service trouble reporting, billing issues questions and complaints, service offerings information, after hours service problem reporting and other customer issues resolution.

The company reports the results of these quality standards items to the state commission on a quarterly basis through an internet-based reporting system.

The company also complies with all applicable consumer protection rules including the implementation of customer data protection under the Federal Communications Commission's rules for Customer Proprietary Network Information.

341086il610.pdf

Tonica Telephone Company (SAC 341086)
FCC Form 481 – Line 610
Program Year – 2014

Emergency Functionality Explanation Document:

The company maintains emergency backup power for the local distribution plant and central office and transmission facilities that keep the company functional in an emergency which deprives the company equipment of commercial electrical power.

The central office facility is powered with commercial electric power and battery banks that continue power to the office and transmission equipment for a period of 8 hours in the event of a power source outage. The central office is equipped with a Natural Gas powered generator to continue supplying power in the event of a power outage. The company can remain operational in the situation.

The company's customer distribution network transmission equipment, field cabinets & customer pedestal electronics have power backup that will provide 8 hours of service in the event of a commercial power outage.

The company has additional route capacity to keep emergency service (911 service) available in the event of an emergency situation. The company also supplies emergency answering points (call boxes) for emergency personnel in the event of an isolation or emergency situation.

Tonica Telephone Co. (SAC 341086)
FCC Form 481 – Line 1210
Program Year – 2014

Terms & Conditions of Voice Telephony Lifeline Program

The Lifeline Program is a federally funded program established to provide monthly assistance to low income households. Eligible subscribers may receive a discount of \$9.25 for the monthly Federal subscriber line charge and voice telephony service, or a bundled service that includes voice telephony service.

To qualify for the program, the Lifeline applicant must participate in any of the following assistance programs. The Illinois Department of Human Services may certify the applicant's participation in assistance programs listed below for purposes of determining eligibility.

- Medicaid
- Supplemental Nutrition Assistance Program
- Supplemental Security Income (SSI)
- Federal Housing Assistance (Section 8)
- Low Income Home Energy Assistance (LIHEAP)
- National School Lunch Program's free lunch program
- Temporary Assistance to Needy Families (TANF)
- Head Start
- Customer household income is at or below 135% of the National Poverty Guidelines, for a household of that size

The Telephone Company's verification of income eligibility will be through the Department of Human Services or, in lieu of electronic verification, applicants will sign a form certifying that the applicant qualifies under the program criteria, and provide program participation or income documentation to the Company for review and verification of eligibility.

The Lifeline program credit shall be limited to one credit per low income household or economic unit.

Lifeline service shall not be disconnected for non-payment of toll charges.

Qualifying low-income subscribers who voluntarily elect toll blocking, where available, will not be required to pay a service deposit in order to initiate Lifeline Service. This service will only be provided at the customer's request.

Qualifying Lifeline customers will not be charged a monthly number-portability charge.

Basic Residential Local Exchange service is available to all Lifeline qualified customers.

Basic Residential Local Exchange Service offers the customer unlimited local calling, emergency service calling (at no additional charge), access to directory assistance service (additional charge per call), equal access to interexchange toll carrier service (additional charges based on carrier toll plans) and access to operator services.

Serving
Since 1900

TONICA TELEPHONE COMPANY

208 Allen Street • P.O. Box 158 • Tonica, Illinois 61370
Tel. 815-442-9901 • Fax. 815-442-9921
tontel@tonicacom.net

SECTION 54.313(f)(2)(iii) OFFICER CERTIFICATION

Pursuant to Section 54.313(f)(2)(iii) of the FCC Rules, I, Lloyd Vogel, hereby certify the following under penalty of perjury:

1. I am the President of Tonica Telephone Company (the "Carrier"; Study Area Code 341086), and am authorized to make this certification on its behalf.

2. The Carrier was not audited in the ordinary course of business for the preceding fiscal year.

3. The reported data in the accompanying financial statements of the Carrier are accurate.

4. The accompanying financial statements of the Carrier have been subject to review by Kiesling Associates, LLP, an independent certified public accountant.



Signature

Lloyd Vogel

Printed Name

October 10, 2013

Date



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INDEPENDENT ACCOUNTANT'S COMPILATION REPORT

To the Board of Directors
Tonica Telephone Company
Tonica, Illinois 61370

We have compiled the accompanying balance sheets of Tonica Telephone Company (an Illinois corporation) as of December 31, 2012 and 2011, and the related statements of income and retained earnings or margins for the years ended December 31, 2012 and 2011, and cash flows for the year ended December 31, 2012, included in the accompanying prescribed form. We have not audited or reviewed the financial statements included in the accompanying prescribed form and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with the form prescribed by the Federal Communications Commission (FCC).

Management is responsible for the preparation and fair presentation of the financial statements included in the form prescribed by the FCC and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

The financial statements included in the accompanying prescribed form are presented in accordance with the requirements of the FCC, and are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the FCC, Universal Service Administrative Company and the Illinois Commerce Commission and is not intended to be and should not be used by anyone other than these specified parties.

Kiesling Associates LLP

Madison, Wisconsin
October 9, 2013

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Kiesling Associates LLP | Kiesling Consulting LLC | Kiesling Investment Management LLC

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(3005a) Operating Report for Privately-Held Rate of Return Carriers
Balance Sheet - Data Collection Form
Page 1 of 3

OMB Control No. 3060-0986
July 2013

<010> Study Area Code	<010> 341086
<015> Study Area Name	<015> TONICA TELEPHONE COMPANY
<020> Program Year	<020> 2014
<030> Contact Name - Person USAC should contact regarding this data	<030> Mike Petrouske
<035> Contact Telephone Number - Number of person identified in data line <030>	<035> 815-621-5212
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>	<039> mpetrouske@homeotel.com
<input checked="" type="checkbox"/> Filed as reviewed single company <input type="checkbox"/> Filed as reviewed consolidated company <input type="checkbox"/> Filed as subsidiary of reviewed consolidated company	
<input type="checkbox"/> Filed as audited single company <input type="checkbox"/> Filed as audited consolidated company <input type="checkbox"/> Filed as subsidiary of audited consolidated company	

CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

Lloyd Vogel
Signature

10-10-13
Date

PART A. BALANCE SHEET

ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS			CURRENT LIABILITIES		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			LONG-TERM DEBT		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 thru 9)			39. Funded Debt-Other		
NONCURRENT ASSETS			40. Funded Debt-Rural Develop. Loan		
11. Investment in Affiliated Companies:			41. Premium (Discount) on L/T Debt		
a. Rural Development			42. Recquired Debt		
b. Nonrural Development			43. Obligations Under Capital Lease		
12. Other Investments			44. Adv. From Affiliated Companies		
a. Rural Development			45. Other Long-Term Debt		
b. Nonrural Development			46. Total Long-Term Debt (36 thru 45)		
13. Nonregulated Investments			OTHER LIAB. & DEF. CREDITS		
14. Other Noncurrent Assets			47. Other Long-Term Liabilities		
15. Deferred Charges			48. Other Deferred Credits		
16. Jurisdictional Differences			49. Other Jurisdictional Differences		
17. Total Noncurrent Assets (11 thru 16)			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
PLANT, PROPERTY, AND EQUIPMENT			EQUITY		
18. Telecom, Plant-in-Service			51. Cap. Stock Outstanding & Subscribed		
19. Property Held for Future Use			52. Additional Paid-in Capital		
20. Plant Under Construction			53. Treasury Stock		
21. Plant Adj., Nonop. Plant & Goodwill			54. Membership and Cap. Certificates		
22. Less Accumulated Depreciation			55. Other Capital		
23. Net Plant (18 thru 21 less 22)			56. Patronage Capital Credits		
24. TOTAL ASSETS (10+17+23)			57. Retained Earnings or Margins		
			58. Total Equity (51 thru 57)		
			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

See Accountant's Compilation Report

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<020> Program Year
<030> Contact Name - Person USAC should contact regarding this data
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<039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 341086
<015> TONICA TELEPHONE COMPANY
<020> 2014
<030> Mike Petrouske
<035> 815-621-5212
<039> mpetrouske@hometel.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR ^a
1. Local Network Services Revenues		
Network Access Services Revenues		
Long Distance Network Services Revenues		
Carrier Billing and Collection Revenues		
Miscellaneous Revenues		
Uncollectible Revenues		
Net Operating Revenues (1 thru 5 less 6)		
Plant Specific Operations Expense		
Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
Depreciation Expense		
Amortization Expense		
Customer Operations Expense		
Corporate Operations Expense		
Total Operating Expenses (8 thru 13)		
Operating Income or Margins (7 less 14)		
Other Operating Income and Expenses		
State and Local Taxes		
Federal Income Taxes		
Other Taxes		
Total Operating Taxes (17+18+19)		
Net Operating Income or Margins (15+16-20)		
Interest on Funded Debt		
Interest Expense - Capital Leases		
Other Interest Expense		
Allowance for Funds Used During Construction		
Total Fixed Charges (22+23+24-25)		
Nonoperating Net Income		
Extraordinary Items		
Jurisdictional Differences		
Nonregulated Net Income		
Total Net Income or margins (21+27+28+29+30-26)		
Total Taxes Based on Income		
Retained Earnings or Margins Beginning-of-Year		
Miscellaneous Credits Year-to-Date		
Dividends Declared (Common)		
Dividends Declared (Preferred)		
Other Debits Year-to-Date		
Transfers to Patronage Capital		
Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
Patronage Capital Beginning-of-Year		
Transfers to Patronage Capital		
Patronage Capital Credits Retired		
Patronage Capital End-of-Year (40+41-42)		
Annual Debt Service Payments		
Cash Ratio [(14+20-10-11)/7]		
Operating Accrual Ratio [(14+20+26)/7]		
TIER [(31+26)/26]		
DSCR [(31+26+10+11)/44]		

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<020> 2014
<030> Mike Petrouske
<035> 815-621-5212
<039> mpetrouske@hometel.com

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PART C. STATEMENTS OF CASH FLOWS	
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
CASH FLOWS FROM OPERATING ACTIVITIES	
2. Net Income	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	
3. Add: Depreciation	
4. Add: Amortization	
5. Other (Explain)	Decrease in Interest & Dividends Receivable, Increase in Other Taxes Accrued, Additional De
Changes in Operating Assets and Liabilities	
6. Decrease/(Increase) in Accounts Receivable	
Decrease/(Increase) in Materials and Inventory	
Decrease/(Increase) in Prepayments and Deferred Charges	
Decrease/(Increase) in Other Current Assets	
Increase/(Decrease) in Accounts Payable	
Increase/(Decrease) in Advance Billings & Payments	
Increase/(Decrease) in Other Current Liabilities	
Net Cash Provided/(Used) by Operations	
CASH FLOWS FROM FINANCING ACTIVITIES	
14. Decrease/(Increase) in Notes Receivable	
Increase/(Decrease) in Notes Payable	
Increase/(Decrease) in Customer Deposits	
Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
Increase/(Decrease) in Other Liabilities & Deferred Credits	
Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	
Less: Payment of Dividends	
Less: Patronage Capital Credits Retired	
Net Cash Provided/(Used) by Financing Activities	
CASH FLOWS FROM INVESTING ACTIVITIES	
24. Net Capital Expenditures (Property, Plant & Equipment)	
Other Long-Term Investments	
Other Noncurrent Assets & Jurisdictional Differences	
Net Cash Provided/(Used) by Investing Activities	
Net Increase/(Decrease) in Cash	

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